



**Maine Bureau of Highway Safety
Technician Mentoring Program
Communication Log
-TECHNICIAN MENTOR-**

Technician Certification
Number:

Technician Expiration
Date:

Date:
Mentor Name:
Technician Mentee Name:
Method of Contact (i.e., email, phone, in person):
Time spent with Contact:
Reason for Contact (i.e., question, concern, problem, etc.):
What answer or help was provided to technician mentee (please explain):

Date:
Mentor Name:
Technician Mentee Name:
Method of Contact (i.e., email, phone, in person):
Time spent with Contact:
Reason for Contact (i.e., question, concern, problem, etc.):
What answer or help was provided to technician mentee (please explain):

Date:
Mentor Name:
Technician Mentee Name:
Method of Contact (i.e., email, phone, in person):
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Reason for Contact (i.e., question, concern, problem, etc.):
What answer or help was provided to technician mentee (please explain):